

## MAILING LABEL REQUEST FORM

INSTRUCTIONS: Please fill out form and forward to: Composition Branch, HCHB Room 2846, (202) 482-3087

1. DATE OF ORDER	2. CD-10 NUMBER	3. APPROPRIATION NUMBER	
4. NAME OF PROJECT OFFICER		5. ROOM NUMBER	6. TELEPHONE NUMBER
7. EVENT/INDUSTRY			8. EVENT ID
9. MAILING LIST NAME/NUMBER(S)			
10. DATA ENTRY SERVICE		11. MAILING SERVICES REQUIRED	
ADD _____	FIRMS TO LIST <input type="checkbox"/> IN-HOUSE	PRINT _____	CHESHIRE LABELS
CHANGE _____	FIRMS ON LIST <input type="checkbox"/> COMMERCIAL	PRINT _____	GUMMED LABELS
DELETE _____	FIRMS FROM LIST	PRINT _____	ADDRESSES ON ENVELOPE(S)
KEYBOARD _____	NEW MAIL LIST	PRINT _____	ADDRESSES ON SELF-MAILER(S)
DATA BASE _____	NEW MAIL LIST	RETRIEVE _____	PRINTOUT(S) FOR PROOFING

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